

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967611	(X3) DATE SURVEY COMPLETED R 04/25/2019
NAME OF PROVIDER OR SUPPLIER FARRINGTON HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1970 FARRINGTON DRIVE MERRITT ISLAND, FL 32952	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A second revisit to the Extended Congregate Care survey was conducted on 4/25/19. Farrington House had no deficiencies at the time of the visit.